

Assessment of an Initial Implementation of a “Ask, Advise, Refer” (AAR) Tobacco Cessation Brief Intervention in the Public Health Clinic Setting

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>BACKGROUND

- The “Ask, Advise, Refer” (AAR) protocol is a brief smoking cessation intervention requiring clinicians to ask all of their patients about tobacco use, advise those who are smokers to quit and refer them to tobacco cessation resources.
- This analysis examines the implementation process and initial impact of the AAR protocol in the public health clinic setting.

>METHODOLOGY

- We surveyed 1,010 patients sequentially with a self-administered (English or Spanish) questionnaire at five public health centers within Los Angeles County in 2007.
- The self-administered questionnaire assessed patient satisfaction and use of the AAR protocol by clinicians at each of the participating public health centers.

>RESULTS

- Of the 1,010 respondents, 28% were tobacco users, 51% were male, 43% were African American, 27% Latino, 16% White, and 8% Asian.
- The average (mean) age of the sample was 32 years (SD 12.4); survey response rate was 90% of all eligible respondents.
- The proportion of tobacco users (58% male; 55% African American) who were asked about their smoking status, advised to quit smoking, advised on how to quit, or referred to cessation resources was 52% (146/279), 39% (108/279), 32% (88/279), and 24% (66/279), respectively.
- Seventy-eight percent (114/146) of tobacco users thought their providers were genuinely concerned about their tobacco use; 72% (78/108) thought the information was helpful; and 53% (146/279) thought the cessation materials were appealing.

>CONCLUSIONS

- There was modest compliance with the AAR brief intervention protocol by clinicians in the five public health centers. Of those smokers who received counseling and referrals to cessation services, most were satisfied with the information they received and with their providers’ concern for their health.
- These findings suggest that implementing an AAR program in the public health clinic setting is not only feasible but potentially sustainable if there is high patient satisfaction with the services provided, and if the program continues to receive strong support from clinic staff and institutional leaders. Program sustainability can further be enhanced if the AAR protocol is coupled to other evidence-based strategies such as greater access to nicotine replacement products, use of provider reminders with provider education, and improved awareness of patient telephone support (quitlines).

Figure 1. Tobacco User’s Experience at Five Los Angeles County Public Health Centers (n=279)

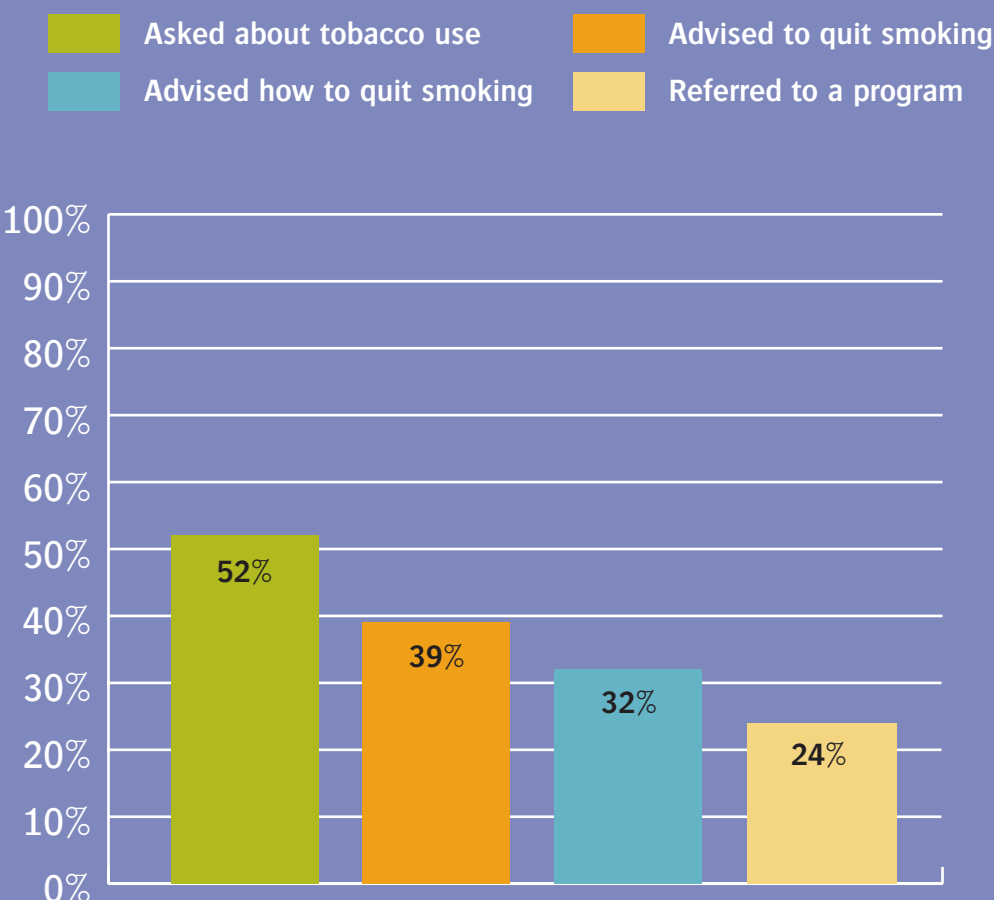


Figure 2. Patient Satisfaction with Provider Advice and Referrals to Smoking Cessation Services at Five Los Angeles County Public Health Centers

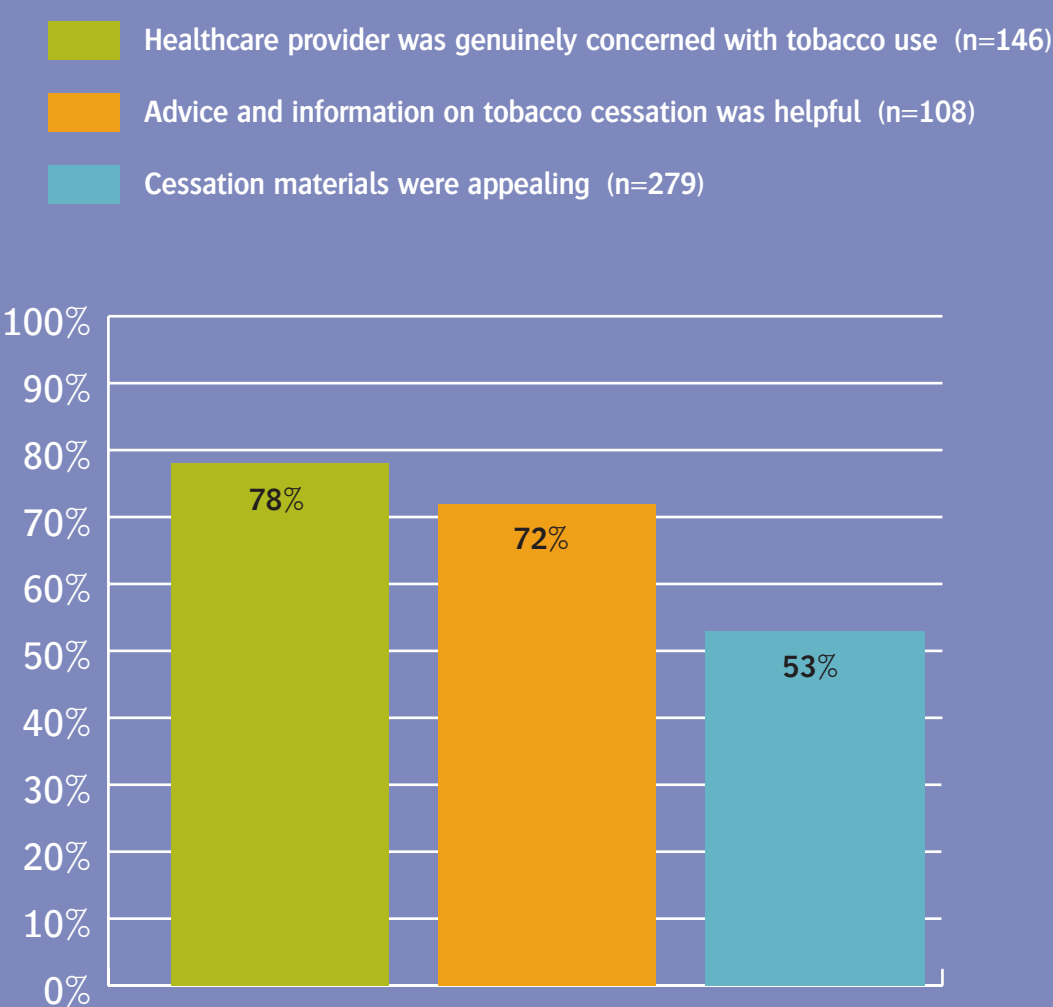
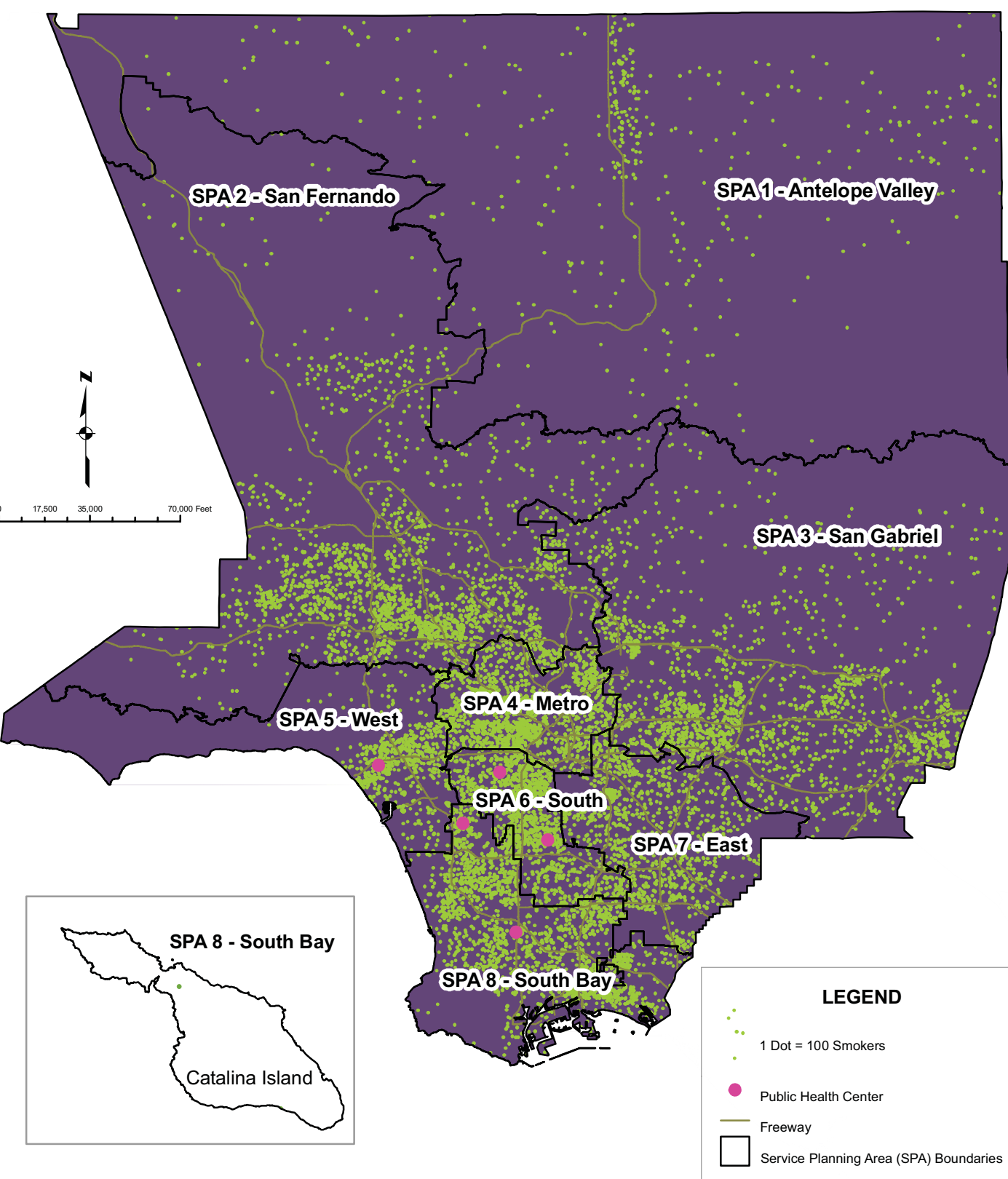


Table 1. Socio-demographic Characteristics of Patients Attending Five Los Angeles County Public Health Centers

	Total Sample (n=1,010) n	%	Smokers (n=279) 28% of total n	%
Gender				
Male	520	51	161	58
Female	455	45	106	38
Age				
Mean (SD)	32 (12.4)		33 (11.6)	
Range	12–82		16–76	
Race/Ethnicity				
African American/Black	434	43	154	55
Hispanic/Latino	273	27	42	15
Asian/Pacific Islander	85	8	17	6
Native American/Alaskan Native	2	<1	2	<1
White/Non-Hispanic	160	16	46	16
Multiethnic	48	5	18	6
Level of Education				
High school graduate or less	452	45	125	45
Some college	295	29	98	35
College graduate	183	18	39	14
Postgraduate	60	6	14	5

*Response rate: 90% of eligible respondents

Adult Smokers by SPA



Source: Los Angeles County Health Survey, 2005
LAC DHS Office of Planning and Analysis
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